

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                        |                                   |  |              |          |
|--|-----------------------------------|--|--------------|----------|
| 1 Date of Request: <u>12/19/03</u>                   |                                   | 2 Serial/Patent # <u>09/919,782</u>  |              |          |
| 3 Please refund the following fee(s):                |                                   | 4 PAPER NUMBER   | 5 DATE FILED | 6 AMOUNT |
| <input type="checkbox"/>                             | Filing                            |  |              | \$       |
| <input type="checkbox"/>                             | Amendment                         |  |              | \$       |
| <input type="checkbox"/>                             | Extension of Time                 |  |              | \$       |
| <input type="checkbox"/>                             | Notice of Appeal/Appeal           |  |              | \$       |
| <input checked="" type="checkbox"/>                  | Petition                          | 8  | 11/17/03     | \$ 1330  |
| <input type="checkbox"/>                             | Issue                             |  |              | \$       |
| <input type="checkbox"/>                             | Cert of Correction/Terminal Disc. |  |              | \$       |
| <input type="checkbox"/>                             | Maintenance                       |  |              | \$       |
| <input type="checkbox"/>                             | Assignment                        |  |              | \$       |
| <input type="checkbox"/>                             | Other                             |  |              | \$       |
|  |                                   | 7 TOTAL AMOUNT OF REFUND   |              | \$ 1330  |
|  |                                   | 8 TO BE REFUNDED BY:   |              |          |
| 10 REASON:   |                                   | <div style="border: 1px solid black; padding: 5px;"> Treasury Check<br/> <input checked="" type="checkbox"/> Credit Deposit A/C #:<br/> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 50--0388 </div> </div> |              |          |
| <input type="checkbox"/>                             | Overpayment                       |  |              |          |
| <input type="checkbox"/>                             | Duplicate Payment                 |  |              |          |
| <input checked="" type="checkbox"/>                  | No Fee Due (Explanation):         |  |              |          |
| <u>Petition is not necessary</u>                     |                                   |  |              |          |
| 11 REFUND REQUESTED BY: <u>C.T. Donnell</u>          |                                   |  |              |          |
| TYPED/PRINTED NAME: <u>C. T. Donnell</u>             |                                   | TITLE: <u>Ret. Atty.</u>   |              |          |
| SIGNATURE: <u>C. T. Donnell</u>                      |                                   | PHONE: <u>306-5589</u>   |              |          |
| OFFICE: <u>4700</u>                                  |                                   |  |              |          |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** |                                   |  |              |          |
| APPROVED: <u>[Signature]</u>                         |                                   | DATE: <u>12/22/03</u>  |              |          |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: